

What is Reflexology?

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*Exhibit 1*

## How does reflexology work?

**There are many theories but in our approach we look at the nervous system as the explanation of reflexology's working.**

~~Pressure sensors~~ in the feet and hands are a part of the body's reflexive response that makes possible the "fight or flight" reaction to danger. Feet ready to flee and hands ready to fight communicate with the body's internal organs to make possible wither eventuality. The sudden adrenal surge that enables a person to lift a car is an example of this reaction. Reflexology taps into this reflex network, providing an exercise of pressure sensors and thus the internal organs to which they are inextricably tied.



## Where do you apply technique?

We apply techniques to the ~~feet and hands~~. There is a school of thought that also applies it to the ear arguing it is also reflexology. The techniques, however, are modified from auricular therapy, an acupuncture technique.

It could be argued that all bodywork is reflexive therefore reflexology. We find that the extremities have a powerful influence because of locomotion. While we acknowledge that repeated patterns exist throughout the body we find our most effective focus to be the feet and hands.

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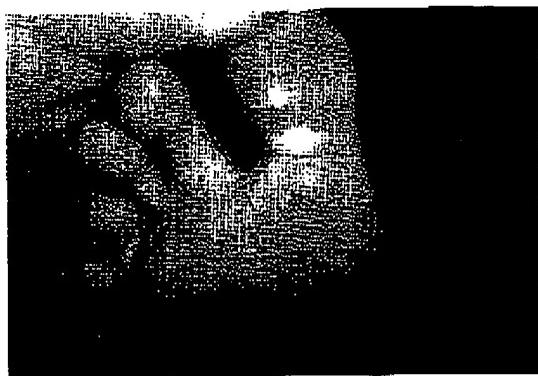
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## What are the benefits of reflexology ?

In general terms the benefits of reflexology have to do with the reduction of stress. Because the feet and hands help set the tension level for the rest of the body they are an easy way to interrupt the stress signal and reset homeostasis, the body's equilibrium.

Whether reflexology can benefit certain conditions and diseases is still under investigation. Further scientific study need to be done in order to come to some definite benefits of reflexology in regard to illness and disease.

Reflexology is a complement to standard medical care. It should not be construed as medical advice. It should not be a replacement to medical help. Please use it wisely. We care about your safety.



## What can A Reflexologist Be Able To Tell Me About My Health?

Reflexology assessment takes place as stress cues are evaluated. Stress cues are parts of the foot or hand that shows adaptation to stress. Adaptation is shown by visual signs such as callousing, knobby toes or bunion. Indications of stress are also seen as sensitivity to technique application or touch signs perceived by the reflexologist as technique is applied. The assessment of such stress cues allows the reflexologist to target areas of stress and to design a session of pressure technique application appropriate to provide relaxation specific to the individual.

### **The Complete Guide to Foot Reflexology**

### **MyReflexologist Says Feet Don't Lie**

**But remember a reflexologist cannot diagnosis or prescribe. Also remember reflexology is an adjunct to medical help not a replacement for**

**reflexology****NOUN**

1. the study of reflex action as it relates to the behavior of organisms
2. massage to relieve tension by finger pressure; based on the belief that there are reflex points on the feet, hands, and head that are connected to every part of the body

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*American Heritage Stedman's Medical Dictionary - Cite This Source - Share This*

**re·flex·ol·o·gy** (rĕ'flek-sĕl'ĕ-jĕ)

*n.*

1. The study of reflex responses, especially as they affect behavior.
2. A method of massage that relieves nervous tension through the application of finger pressure, especially to the feet.

*The American Heritage® Stedman's Medical Dictionary  
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*Merriam-Webster's Medical Dictionary - Cite This Source - Share This*

**Main Entry:** **re·flex·ol·o·gy**

**Pronunciation:** "rĕ-ĕ-fleks'-ĕl-ĕ-jĕ

**Function:** *noun*

**Inflected Form:** *plural -gies*

- 1 : the study and interpretation of behavior in terms of simple and complex reflexes
- 2 : massage of the feet or hands based on the belief that pressure applied to specific points on these extremities benefits other parts of the body

*Merriam-Webster's Medical Dictionary, © 2002 Merriam-Webster, Inc.*

Nerves are part of the peripheral nervous system. Afferent nerves convey sensory signals "to" the central nervous system, for example from skin or organs, while efferent nerves conduct stimulatory signals "from" the central nervous system to the muscles and glands. Afferent and efferent axons are often arranged together, forming mixed nerves. For example, the median nerve controls motor and sensory function in the hand.

Billions of long nerve cells, called neurons, make up the body's nervous system. Neurons receive and transmit chemical-electrical messages to and from the brain. Each neuron is long and thin. One end receives messages and the other transmits the message to the next neuron. The messages "jump" across a gap from one neuron cell to another.

Each peripheral nerve is covered externally by a dense sheath of connective tissue, the epineurium. Underlying this is a layer of flat cells forming a complete sleeve, the perineurium. Perineurial septae extend into the nerve and subdivide it into several bundles of fibres. Surrounding each such fibre is the endoneurial sheath. This forms an unbroken tube which extends from the surface of the spinal cord to the level at which the axon synapses with its muscle fibres or ends in sensory receptors. The endoneurial sheath consists of an inner sleeve of material called the glycocalyx and an outer, delicate, meshwork of collagen fibres. Peripheral nerves are richly supplied with blood.

Most nerves connect to the central nervous system through the spinal cord. The twelve cranial nerves, however, connect directly to parts of the brain. Spinal nerves are given letter-number combinations according to the vertebra through which they connect to the spinal column. Cranial nerves are assigned numbers, usually expressed as Roman numerals from I to XII. In addition, most major nerves have descriptive names. Inside the central nervous system, distinguishable bundles of axons are termed tracts rather than nerves.

The signals that nerves carry, sometimes called nerve impulses, are also known as action potentials. These are rapidly (up to 120 m/s) travelling electrical waves, which typically begin in the cell body of a neuron and propagate down the axon to its tip or "terminus." The signals cross over from the terminus of the axon to the adjacent neurotransmitter receptor through a gap called the synapse. Motor neurons innervate or activate muscles groups

What is Reflexology?

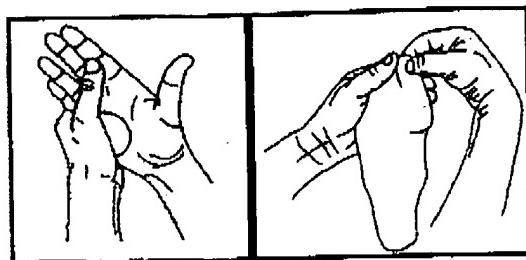


Exhibit 2

## How Is Technique Applied?

**Pressure is applied to the feet and hands using specific thumb, finger and hand techniques. Stretch and movement techniques are utilized as "desserts" to provide relaxation to the foot. Oil, cream and lotion is not utilized in traditional reflexology work. Tools or instruments are used for self help application only due to safety concerns.**

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## proprioceptive - Definitions from Dictionary.com

[WordNet - Cite This Source - Share This](#)  
**proprioceptive**

*adjective*

of or relating to proprioception

YES  NO

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YES  NO

See Exh. b if 3

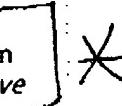
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Main Entry: pro·prio·cep·tive  YES  NO

Pronunciation: 

Function:

: activated by, relating to, or being stimuli arising within the organism <[proprioception](#)> <[reflexes](#)> <[proprioceptive feedback](#)>



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**proprioceptive**

proprioceptive: in CancerWEB's On-line Medical Dictionary

On-line Medical Dictionary, © 1997-98 Academic Medical Publishing & CancerWEB

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*Exhibit 4*

# Soft tissue

From Wikipedia, the free encyclopedia

In medicine, the term **soft tissue** refers to tissues that connect, support, or surround other structures and organs of the body. Soft tissue includes muscles, tendons, ligaments, fascia, nerves, fibrous tissues, fat, blood vessels, and synovial tissues.<sup>[1]</sup>

## Injuries

Often soft tissue injuries are some of the most chronically painful and difficult to treat because it is very difficult to see what is going on under the skin with the soft connective tissues, fascia, joints, muscles and tendons.

Musculoskeletal specialists, manual therapists and neuromuscular physiologist and neurologist specialize in treating injuries and ailments in the soft tissue areas of the body. These specialized clinicians often develop innovative ways to manipulate the soft tissue to speed natural healing and relieve the mysterious pain that often accompanies soft tissue injuries. This area of expertise has become known as Soft Tissue Therapy and is rapidly expanding as the technology continues to improve the ability of these specialists to identify problem areas more quickly.

# Soft tissue therapy

From Wikipedia, the free encyclopedia  
(Redirected from Soft Tissue Therapy)

**Soft tissue therapy (STT)** is a category of bodywork that aims to alleviate aches, pains and/or injuries that are attributable to the soft tissues of the body. In seeking to achieve this, a soft tissue practitioner will gain a medical and lifestyle profile of their client, and also gather other physical findings during a postural and/or functional assessment.

Soft tissue practitioners (STP) can be healthcare professionals who may have extensive training in anatomy, physiology, pathology, pathophysiology, biomechanics, functional anatomy, and palpatory certainty. As practitioners, STPs may be required to maintain client records, update their skills and knowledge annually, and maintain insurance. Licensed health care professionals who typically provide soft tissue manual therapy include chiropractors, massage therapists, physical therapists and some osteopathic and naturopathic doctors.

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## Postural and functional assessments

Clients presenting with a specific complaint/s will generally undergo a number of assessments that will each provide information about the client's soft tissue status. These assessments are conducted according to the client's presenting signs and symptoms. The purpose of this process is to help identify the most likely cause of the pain or injury. They may include assessments of posture, biomechanics, range of movement, nervous system, among others.

When the findings of an assessment suggest that the client may have a condition or signs and symptoms that are beyond the scope of a practitioners skill-set, training, and/or specialisation, they will refer that client to the most appropriate healthcare professional.

## Treatment strategies

The specific treatment application of an ache, pain, or injury will be solely reliant on the conclusions reached by the assessments. Any number of treatment techniques may be used to achieve optimal treatment results.

As with most professions, the more refined the practitioner's skills, coupled with their understanding of

anatomy, physiology, and dysfunction the more intricate may be the treatment applications.

## Manual techniques

- Trigger Point techniques provide relief from Myofascial Trigger Points.
- Myofascial Therapy, that targets the muscle and fascial systems, promotes flexibility and mobility of the body's connective tissues. Likewise, it mobilises fibrous adhesions and reduces the severity and sensitivity of scarring caused by injury or surgery.
- Massage techniques, traditionally known as Swedish Massage, may be used as part of a treatment application. Referred to, in Soft Tissue Therapy, as broad-handed techniques, this mode of treatment aims to reduce swelling and / or inflammation.
- Frictions create heat, which in turn provides the impetus for the mobilisation of adhesions between fascial layers, muscles, compartments and other soft tissues. Frictions are also thought to create an inflammatory response that instigates a focus to an injured area, thereby, promoting healing, especially in tendon pathologies.
- Sustained Pressure (ischaemic / digital pressure) alleviates hypertonic (tight) areas within muscle and fascia.
- Other Techniques such as Active Release Therapy, Myofascial Release and / or Deep Tissue Massage are all combinations of the techniques listed above. These are not unique techniques that have unique or exceptional results.

Generally, any one of these techniques alone, or in combination, may provide the solution to an ache, pain, or an injury. However, claims that any particular soft tissue technique will alleviate a specific condition, predictably, every time, are deceptive.

## Stretching

- Static stretches attempt to alleviate excessively hypertonic (tight) muscles.
- PNF stretches (proprioceptive neuromuscular facilitation) are used in an attempt decrease the tone in a muscle or muscle group that is assessed as being hypertonic (tight).
- To treat DOMS (delayed onset muscle soreness), Proprioceptive Neuromuscular Facilitation (PNF) is typically used.
- The use of very light muscular contractions, in very specific directions is Muscle Energy Technique (M.E.T.). Refined more than 100 years ago in the field of osteopathy, this technique, alters joint restriction and joint range of motion, through altering the length of local musculature.

## Exercise prescription

Dysfunctional soft tissues are either too short and tight or too long and weak. Dependent upon on assessment findings, some clients may be required to undertake a series of exercises, to strengthen, or simply to "switch-on" particular muscles or muscle groups.

## Tapping

Soft tissue practitioners and muscular skeletal specialists often use therapeutic tapping or strapping techniques with success to relieve pressure on swollen injured soft tissue or to alter muscle firing patterns or to provide support during healing. These techniques are designed to enhance lymphatic fluid exchange and allow the body to return to its natural healing process.

After an injury to the soft tissue, muscles or tendons due to sports activities, over exertion or Repetitive strain injury such as Carpal tunnel syndrome, swelling often impedes blood flow to the injured area slowing down the healing process. Trained musculoskeletal specialists are effective in relieving pressure caused by swollen tissue and enhancing blood circulation to the injured fascia tissue and muscle mass using elastic tapping.

## Advice

As part of an overall treatment strategy, clients will often be required to contribute to their treatment outcomes for optimal benefit. This may be as simple as keeping a series of appointments, to home exercises, to a dietary review, or to some self-massage.

## External links